PROFESSIONAL DEVELOPMENT/TRAINING REQUEST

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
WEST CENTRAL HUMAN SERVICE CENTER
SFN 574 (1-2013)

Part A

Employee Name			Title	
Title of Training				Date(s)
Departure Date	Time	Return Date	Time	Training Location

Briefly describe the training and specific learning needs that will be met. (Attach brochure) (If requesting out-of-state training, attach SFN 1775, Authorization for Out-of-State Travel also.)

Budget

Registration	$
Meals	$
Lodging	$
Mileage - Personal	$
Mileage - State Vehicle	$
Total	$

Funding Source

Signature of Attendee	Date

Part B

Supervisor's Comments and Recommendations

Signature of Supervisor	Date

APPROVED:

Signature of Regional Director	Date

PROFESSIONAL DEVELOPMENT/TRAINING REQUEST PROCEDURES

If training is being requested that will be held out of state, attach SFN 1775, Authorization for Out-of-State Travel .

Part A Fill out the Professional Development/Training Request with description of training, budget, funding source, and sign, date, and route to supervisor.

Part B

1. Supervisor makes his/her comments and recommendations, signs and dates the form and routes it to the Regional Director.
2. The Regional Director reviews for approval, signs and dates if approved and returns the request to the originator.
3. The originator sends a copy of the approved request to the Business Office.
4. The original request should be retained by the originator and attached to the Travel Reimbursement Request.

The person originating the request is responsible for making their own lodging reservations and completing the registration process.